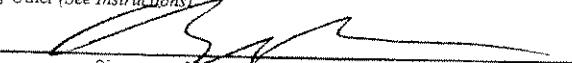


CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

| | | | | | |
|---|--|---|---|---|--|
| 1. CIR./DIST./DIV. CODE HIXHO | 2. PERSON REPRESENTED ARIETA YAMAGUCHI (02) | | | VOUCHER NUMBER | |
| 3. MAG. DKT./DEF. NUMBER | | 4. DIST. DKT./DEF. NUMBER | 5. APPEALS DKT./DEF. NUMBER 05-10528 | 6. OTHER DKT. NUMBER | |
| 7. IN CASE/MATTER OF (Case Name) USA v. Carmelita Maldonado | | 8. PAYMENT CATEGORY Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input checked="" type="checkbox"/> Appeal | 9. TYPE PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input checked="" type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other | 10. REPRESENTATION TYPE (See Instructions) CC | |
| 11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 21:846=ND.F; 21:841A=ND.F | | | | | |

| | |
|---|---|
| 12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix). AND MAILING ADDRESS Shawn Luiz, Esq. (#6855) 810 Richards Street Honolulu, Hawaii 96813. | 13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input checked="" type="checkbox"/> P Subs For Panel Attorney Prior Attorney's Appointment Dates: <u>Jeffrey T. Arakaki, Esq.</u> <u>1/6/04</u> |
| Telephone Number: <u>(808) 538-0500</u> | <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions) |
| 14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) |  6/8/06 Date of Order <u>6/8/06</u> Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO |

| CLAIM FOR SERVICES AND EXPENSES | | | FOR COURT USE ONLY | | |
|--|-----------------------|---------------|----------------------|---------------------------|----------------------------|
| CATEGORIES (Attach itemization of services with dates) | | HOURS CLAIMED | TOTAL AMOUNT CLAIMED | MATH/TECH. ADJUSTED HOURS | MATH/TECH. ADJUSTED AMOUNT |
| 15. a. Arraignment and/or Plea b. Bail and Detention Hearings c. Motion Hearings d. Trial e. Sentencing Hearings f. Revocation Hearings g. Appeals Court h. Other (Specify on additional sheets) | | | | | |
| | (RATE PER HOUR = \$) | | TOTALS: | | |
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| | | | | | |
| | | | | | |
| 16. a. Interviews and Conferences b. Obtaining and reviewing records c. Legal research and brief writing d. Travel time e. Investigative and other work (Specify on additional sheets) | | | | | |
| | (RATE PER HOUR = \$) | | TOTALS: | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 17. Travel Expenses (lodging, parking, meals, mileage, etc.) | | | | | |
| | | | | | |
| 18. Other Expenses (other than expert, transcripts, etc.) | | | | | |

GRAND TOTALS (CLAIMED AND ADJUSTED):

| | | |
|--|---|----------------------|
| 19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____ | 20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION | 21. CASE DISPOSITION |
|--|---|----------------------|

| | | |
|---|---|--|
| 22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ | <input type="checkbox"/> Supplemental Payment | |
|---|---|--|

Have you previously applied to the court for compensation and/or reimbursement for this Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? YES NO If yes, were you paid? YES NO
If yes, give details on additional sheets.

I swear or affirm the truth or correctness of the above statements.

Signature of Attorney _____

Date _____

| APPROVED FOR PAYMENT — COURT USE ONLY | | | | |
|--|------------------------|---------------------|--------------------|----------------------------|
| 23. IN COURT COMP. | 24. OUT OF COURT COMP. | 25. TRAVEL EXPENSES | 26. OTHER EXPENSES | 27. TOTAL AMT. APPR./CERT. |
| 28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER | | | DATE | 28a. JUDGE/MAG. JUDGE CODE |
| 29. IN COURT COMP. | 30. OUT OF COURT COMP. | 31. TRAVEL EXPENSES | 32. OTHER EXPENSES | 33. TOTAL AMT. APPROVED |
| 34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount. | | | DATE | 34a. JUDGE CODE |